

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 01-30-2010

Address: 1208 W Maumee St

Case #: 22F45344

ANGOLA, IN.

County: STEUBEN

45703

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☒ Hotel/Motel
☐ Open – No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): BATHROOM
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: BEDROOM
☒ Water Reactive Metal (Lithium): BATHROOM
☐ Anhydrous Ammonia: _____
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Corrosive Acid: BEDROOM
☒ Corrosive Base: BEDROOM
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☐ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: STEUBEN CO

This report is to be faxed to the following agencies that serve the location:

Fire Department: ANGOLA FD

Fax: 260-624-2744

Health Department: STEUBEN CO

Fax: 260-665-1418

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: ANDREW SMITH Phone 260-432-8661

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.